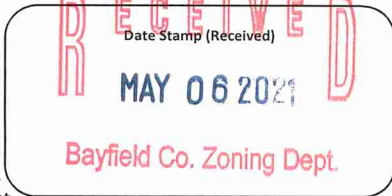


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |              |
|--------------|--------------|
| Permit #:    | 21-0106      |
| Date:        | 5-14-21      |
| Amount Paid: | \$135 5-6-21 |
| Refund:      |              |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

|  |  |  |  |            |  |   |  |  |  |           |  |
|--|--|--|--|------------|--|---|--|--|--|-----------|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |  |  |  |            |  |   |  |  |  |           |  |
| Owner's Name:<br>PATRICK RHEINGANS<br>JACQUELYN RHEINGANS<br>Address of Property:<br>6955 Co Hwy N   |  |  | Mailing Address:<br>1151 26 <sup>th</sup> ST |            |  | City/State/Zip:<br>CHETEK WI 54728              |  |  | Telephone:<br><br>Cell Phone:<br>715<br>296-6480   |           |  |
| Contractor:<br>B.C. CONSTRUCTION   |  |  | Contractor Phone:                            |            |  | Plumber:<br>CHETEK PLUMBING                     |  |  | Plumber Phone:<br>715<br>296-5072  |           |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))   |  |  | Agent Phone:                                 |            |  | Agent Mailing Address (include City/State/Zip): |  |  | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |           |  |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement) |  |            |  | Tax ID#<br>3219                                 |  | Recorded Document: (Showing Ownership) |  |           |  |
| 1/4, 1/4   |  | Gov't Lot                              |  | Lot(s)     |  | CSM   |  | Vol & Page                             |  | CSM Doc # |  |
| Section 36, Township 45 N, Range 09 W  |  | Town of:<br>BARNES                     |  | Lot(s) No. |  | Block(s) No.                                    |  | Subdivision:                           |  | Lot Size  |  |
|  |  |  |  |            |  |   |  |  |  | Acreage   |  |

|   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Shoreland →              | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|   | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →   | Distance Structure is from Shoreline : _____ feet |  |   |
| <input checked="" type="checkbox"/> Non-Shoreland |   |   |  |   |

| Value at Time of Completion<br>* include donated time & material | Project   | # of Stories                                | Foundation                               | Total # of bedrooms on property       | What Type of Sewer/Sanitary System is on the property?                                    | Type of Water on property                |
|--|---|---|--|---------------------------------------|---|--|
| \$ 45,000  | <input type="checkbox"/> New Construction               | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement        | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Foundation      | <input checked="" type="checkbox"/> 2 | <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>CONV</u>              | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                     | <input type="checkbox"/> 2-Story            | <input checked="" type="checkbox"/> Slab | <input type="checkbox"/> 3            | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                            | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Relocate (existing bldg)       | <input type="checkbox"/>                    | <input type="checkbox"/>                 | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Run a Business on Property     |   | Use                                      | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    | <input type="checkbox"/>                 |
|  | <input type="checkbox"/>                                |   | <input type="checkbox"/> Year Round      |                                       | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/>                 |
|  |   |   |  |                                       | <input type="checkbox"/> None   |  |

|   |         |        |         |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction:  | Length: | Width: | Height: |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )       |                |
|   | <input checked="" type="checkbox"/> | Residence (i.e. <u>Cabin</u> hunting shack, etc.)<br><u>with Loft</u>  | ( X )       |                |
|   | <input checked="" type="checkbox"/> | with a Porch   | ( X )       |                |
|   | <input checked="" type="checkbox"/> | with (2 <sup>nd</sup> ) Porch  | ( 8 X 20 )  | 160            |
|   | <input checked="" type="checkbox"/> | with a Deck  | ( X )       |                |
| <input type="checkbox"/> Commercial Use             | <input type="checkbox"/>            | with (2 <sup>nd</sup> ) Deck   | ( X )       |                |
|   | <input type="checkbox"/>            | with Attached Garage   | ( X )       |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                |
|   | <input checked="" type="checkbox"/> | Addition/Alteration (explain) _____  | ( 16 X 20 ) | 320            |
|   | <input type="checkbox"/>            | Accessory Building (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )       |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Patrick Rheingans, Jacquelyn Rheingans  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 4-27-2021

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

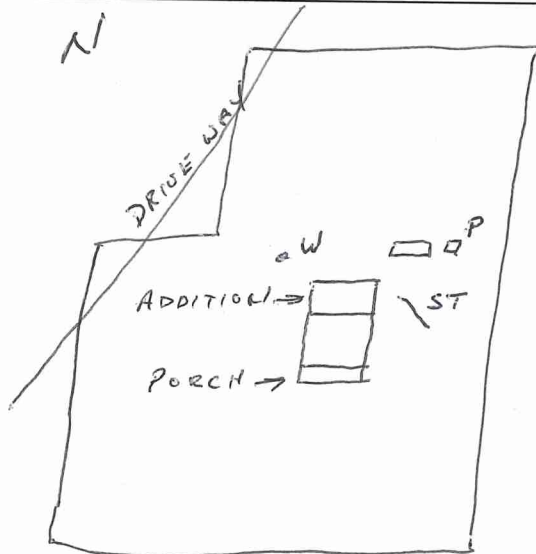
If you recently purchased the property send your Recorded Deed



or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- Location of: Proposed Construction  
 Show / Indicate: North (N) on Plot Plan  
 Show Location of (\*): (\* Driveway and (\* Frontage Road (Name Frontage Road)  
 Show: All Existing Structures on your Property  
 (5) Show: (\* Well (W); (\* Septic Tank (ST); (\* Drain Field (DF); (\* Holding Tank (HT) and/or (\* Privy (P)  
 (6) Show any (\*): (\* Lake; (\* River; (\* Stream/Creek; or (\* Pond  
 (7) Show any (\*): (\* Wetlands; or (\* Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement  |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | 444 Feet    | Setback from the Lake (ordinary high-water mark) | Feet   |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | Feet   |
|   |             | Setback from the Bank or Bluff                   | Feet   |
| Setback from the North Lot Line             | 430 Feet    |  |  |
| Setback from the South Lot Line             | 315 Feet    | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line              | 115 Feet    | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 165 Feet    | Elevation of Floodplain                          | Feet   |
|   |             |  |  |
| Setback to Septic Tank or Holding Tank      | 17 Feet     | Setback to Well                                  | Feet   |
| Setback to Drain Field                      | 27 Feet     |  |  |
| Setback to Privy (Portable, Composting)     | Feet        |  |  |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|   |   |   |   |   |
|---|---|---|---|---|
| <b>Issuance Information (County Use Only)</b>   |   | Sanitary Number: 20-1165  | # of bedrooms: 2  | Sanitary Date: 7/28/21  |
| Permit Denied (Date):   |   | Reason for Denial:  |   |   |
| Permit #: 21-0106   |   | Permit Date: 5-14-21  |   |   |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Affidavit Required  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)  |   | Previously Granted by Variance (B.O.A.)                                     |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |   |
| Was Parcel Legally Created  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Were Property Lines Represented by Owner                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Was Proposed Building Site Delineated   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Was Property Surveyed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Inspection Record:  |   | Zoning District (R-RB)<br>Lakes Classification (P/A)                        |   |   |
| Date of Inspection: 5/12/21   | Inspected by: [Signature]   | Date of Re-Inspection:  |   |   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)<br>Build as proposed<br>Got Required UDC Inspections |   |   |   |   |
| Signature of Inspector: [Signature]   |   |   |   | Date of Approval: 5/12/21   |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>  | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>  |

City, Village, State or Federal  
May Also Be Required

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

AND USE - **X**  
UNITARY - **20-116S**  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

No. **21-0106** Issued To: **Patrick & Jacqueline Rheingans**

Par in SE ¼ of NE ¼ and

Location: **NE** ¼ of **NE** ¼ Section **36** Township **45** N. Range **9** W. Town of **Barnes**

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Residential Addition / Alteration: [ 1- Story; Room Addition (16' x 20') = 320 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Build as proposed. Get required UDC inspections.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**May 14, 2021**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

# APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)  
**RECEIVED**  
**MAY 10 2021**



|              |              |
|--------------|--------------|
| Permit #:    | 21-0107      |
| Date:        | 5-14-21      |
| Amount Paid: | \$75 5-10-21 |
| Refund:      |              |

**INSTRUCTIONS:** No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.**

Bayfield Co.  
Planning and Zoning Agency  
Original Application **MUST** be submitted

**FILL OUT IN INK (NO PENCIL)**

|  |  |  |  |  |  |                                |  |   |  |  |  |  |  |                                |  |
|--|--|--|--|--|--|--------------------------------|--|---|--|--|--|--|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED →   |  | <input checked="" type="checkbox"/> LAND USE |  | <input type="checkbox"/> SANITARY          |  | <input type="checkbox"/> PRIVY |  | <input type="checkbox"/> CONDITIONAL USE        |  | <input type="checkbox"/> SPECIAL USE   |  | <input type="checkbox"/> B.O.A.  |  | <input type="checkbox"/> OTHER |  |
| Owner's Name:<br><b>Ed Cordell</b>   |  |  |  | Mailing Address:<br><b>55460 George Rd</b> |  |                                |  | City/State/Zip:<br><b>BARNES, WI 54813</b>      |  |  |  | Telephone:<br><b>715-795-2939</b>  |  |                                |  |
| Address of Property:<br><b>SAME AS MAILING</b>                                     |  |  |  | City/State/Zip:                            |  |                                |  |   |  |  |  | Cell Phone:<br><b>809-403-7269</b>   |  |                                |  |
| Contractor:<br><b>N/A</b>  |  |  |  | Contractor Phone:                          |  |                                |  | Plumber:  |  |  |  | Plumber Phone:   |  |                                |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))<br><b>N/A</b> |  |  |  | Agent Phone:                               |  |                                |  | Agent Mailing Address (include City/State/Zip): |  |  |  | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement)       |  |  |  |                                |  | Tax ID#<br><b># 3359</b>                        |  | Recorded Document: (Showing Ownership) |  |  |  |                                |  |
| 1/4, 1/4   |  | Gov't Lot                                    |  | Lot(s)                                     |  | CSM                            |  | Vol & Page                                      |  | CSM Doc #                              |  | Lot(s) #   |  | Block #                        |  |
| Section _____, Township _____ N, Range _____ W                                     |  |  |  | Town of:<br><b>BARNES</b>                  |  |                                |  | Lot Size<br><b>150' x 200'</b>                  |  |  |  | Acreage<br><b>0.69</b>   |  |                                |  |

|   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> Shoreland →              | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <b>If yes—continue →</b> | Distance Structure is from Shoreline: _____ feet | <b>Is your Property in Floodplain Zone?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Are Wetlands Present?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <b>If yes—continue →</b>   | Distance Structure is from Shoreline: _____ feet |   |  |
| <input checked="" type="checkbox"/> Non-Shoreland |  |  |   |  |

| Value at Time of Completion<br>* include donated time & material | Project   | Project # of Stories                    | Project Foundation                       | Total # of bedrooms on property | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?      | Type of Water on property     |
|--|---|---|--|---------------------------------|---|-------------------------------|
| \$18,000   | <input type="checkbox"/> New Construction           | <input type="checkbox"/> 1-Story        | <input type="checkbox"/> Basement        | <input type="checkbox"/> 1      | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City |
|  | <input type="checkbox"/> Addition/Alteration        | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation      | <input type="checkbox"/> 2      | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                 | <input type="checkbox"/> 2-Story        | <input type="checkbox"/> Slab            | <input type="checkbox"/> 3      | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                            | <input type="checkbox"/>      |
|  | <input type="checkbox"/> Relocate (existing bldg)   | <input type="checkbox"/>                | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |                               |
|  | <input type="checkbox"/> Run a Business on Property |   | <input type="checkbox"/> Year Round      | <input type="checkbox"/> None   | <input type="checkbox"/> Portable (w/service contract)                                    |                               |
|  | <input checked="" type="checkbox"/> DETACHED GARAGE | 1                                       | <input checked="" type="checkbox"/> SLAB |                                 | <input type="checkbox"/> Compost Toilet   |                               |
|  |   |   |  | <input type="checkbox"/> None   |   |                               |

|   |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| <b>Existing Structure:</b> (if addition, alteration or business is being applied for) | <b>Length:</b>     | <b>Width:</b>     | <b>Height:</b>    |
| <b>Proposed Construction:</b> (overall dimensions)                                    | <b>Length:</b> 26' | <b>Width:</b> 24' | <b>Height:</b> 8' |

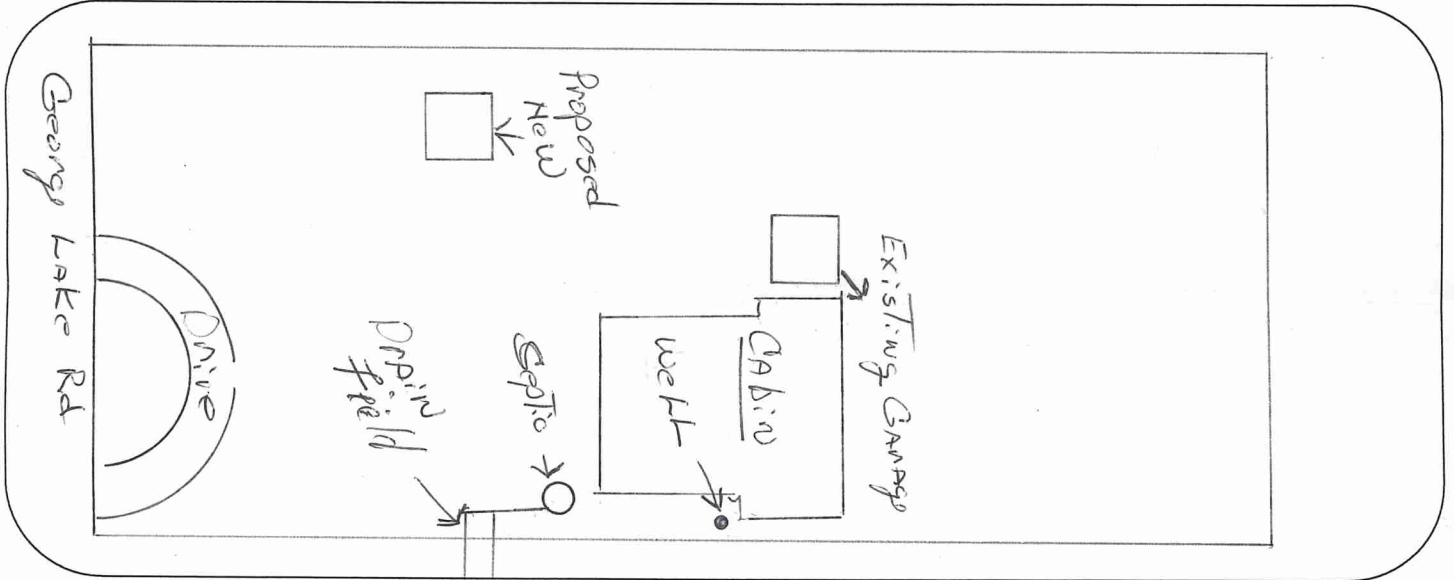
| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )       |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )       |                |
|   |                                     | with Loft  | ( X )       |                |
|   |                                     | with a Porch   | ( X )       |                |
|   |                                     | with (2nd) Porch   | ( X )       |                |
|   |                                     | with a Deck  | ( X )       |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2nd) Deck  | ( X )       |                |
|   |                                     | with Attached Garage   | ( X )       |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date)  | ( X )       |                |
|   | <input type="checkbox"/>            | Addition/Alteration (explain) <b>DETACHED GARAGE</b>   | (26' x 24') | 624            |
|   | <input checked="" type="checkbox"/> | Accessory Building (explain) <b>DETACHED GARAGE</b>  | (26' x 24') | 624            |



Box below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description                                 | Setback Measurements | Description                                      | Setback Measurements  |
|---|----------------------|--|---|
| Setback from the Centerline of Platted Road | 33 Feet              | Setback from the Lake (ordinary high-water mark) | N/A Feet  |
| Setback from the Established Right-of-Way   | 97 Feet              | Setback from the River, Stream, Creek            | N/A Feet  |
|   |                      | Setback from the Bank or Bluff                   | N/A Feet  |
| Setback from the North Lot Line             | 12 Feet              |  |   |
| Setback from the South Lot Line             | 112 Feet             | Setback from Wetland                             | N/A Feet  |
| Setback from the West Lot Line              | 64 Feet              | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 112 Feet             | Elevation of Floodplain                          | N/A Feet  |
|   |                      |  |   |
| Setback to Septic Tank or Holding Tank      | 90 Feet              | Setback to Well                                  | 99 Feet   |
| Setback to Drain Field                      | 110 Feet             |  |   |
| Setback to Privy (Portable, Composting)     | N/A Feet             |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|   |   |   |   |                           |
|---|---|---|---|---------------------------|
| <b>Issuance Information (County Use Only)</b>   |   | Sanitary Number:  | # of bedrooms:  | Sanitary Date:            |
| Permit Denied (Date):   |   | Reason for Denial:  |   |                           |
| Permit #: 21-0107   |   | Permit Date: 5-14-21  |   |                           |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No          | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required        |
| Is Parcel in Common Ownership   | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached        |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |   |   |                           |
| Granted by Variance (B.O.A.)  |   | Previously Granted by Variance (B.O.A.)                                     |   |                           |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |                           |
| Was Parcel Legally Created  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Were Property Lines Represented by Owner                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |
| Was Proposed Building Site Delineated   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Was Property Surveyed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                           |
| Inspection Record: STAKED & OWNED on site   |   | Zoning District (R-1)   |   |                           |
| Date of Inspection: 5/11/21   |   | Lakes Classification (N/A)  |   |                           |
| Inspected by: [Signature]   |   | Date of Re-Inspection:  |   |                           |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) |   |   |   |                           |
| Build as proposed<br>Not for Human habitation or sleeping<br>If pressurized water enters structure get septic permits   |   |   |   |                           |
| Signature of Inspector: [Signature]   |   |   |   | Date of Approval: 5/12/21 |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>  | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>  |



City, Village, State or Federal  
Permits May Also Be Required

LAND USE - **X**  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0107** Issued To: **Edward & Vickie Cordell**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **18** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **81** Block Subdivision **Blackdeers Add to Potowatomi** CSM#  
**& S  $\frac{1}{2}$  of Lot 80**

For: **Residential Accessory Structure: [ 1- Story; Garage (26' x 24') = 624 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Build as proposed. Not for human habitation or sleeping. IF pressurized water enters structure get septic permits.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

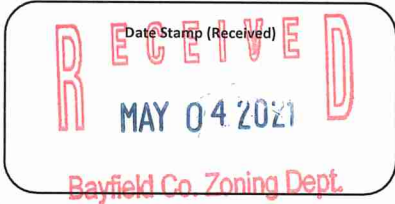
**May 14, 2021**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |             |
|--------------|-------------|
| Permit #:    | 21-0108     |
| Date:        | 5-14-21     |
| Amount Paid: | \$75 5-6-21 |
| Refund:      |             |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |  |  |                                   |  |                                |  |   |  |                                      |  |  |  |                                |  |
|--|--|--|--|-----------------------------------|--|--------------------------------|--|---|--|--------------------------------------|--|--|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED →   |  | <input type="checkbox"/> LAND USE      |  | <input type="checkbox"/> SANITARY |  | <input type="checkbox"/> PRIVY |  | <input type="checkbox"/> CONDITIONAL USE        |  | <input type="checkbox"/> SPECIAL USE |  | <input type="checkbox"/> B.O.A.  |  | <input type="checkbox"/> OTHER |  |
| Owner's Name: KEN BOTT   |  |  |  | Mailing Address: 1730 LAKE RD     |  |                                |  | City/State/Zip: BARNES WI 54813                 |  |                                      |  | Telephone: 612-790-3956  |  |                                |  |
| Address of Property: 1730 LAKE ROAD                                  |  |  |  | City/State/Zip: BARNES WI 54813   |  |                                |  |   |  |                                      |  | Cell Phone:  |  |                                |  |
| Contractor:  |  |  |  | Contractor Phone:                 |  |                                |  | Plumber:  |  |                                      |  | Plumber Phone:   |  |                                |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  |  |  | Agent Phone:                      |  |                                |  | Agent Mailing Address (include City/State/Zip): |  |                                      |  | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement) |  |                                   |  | Tax ID# 3336                   |  | Recorded Document: (Showing Ownership)          |  |                                      |  |  |  |                                |  |
| SW 1/4, SE 1/4   |  | Gov't Lot                              |  | Lot(s)                            |  | CSM                            |  | Vol & Page                                      |  | CSM Doc #                            |  | Lot(s) #   |  | Block #                        |  |
| Subdivision:   |  | Section 7                              |  | Township 44                       |  | N, Range 9                     |  | W   |  | Town of: BARNES                      |  | Lot Size   |  | Acreage 2.610                  |  |

|   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Shoreland →              | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|   | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →   | Distance Structure is from Shoreline : _____ feet |  |   |
| <input checked="" type="checkbox"/> Non-Shoreland |   |   |  |   |

| Value at Time of Completion<br>* include donated time & material | Project   | Project # of Stories                    | Project Foundation                       | Total # of bedrooms on property       | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?      | Type of Water on property                |
|--|---|---|--|---------------------------------------|---|--|
| \$3000   | <input type="checkbox"/> New Construction               | <input type="checkbox"/> 1-Story        | <input type="checkbox"/> Basement        | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation      | <input type="checkbox"/> 2            | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                     | <input type="checkbox"/> 2-Story        | <input checked="" type="checkbox"/> Slab | <input type="checkbox"/> 3            | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                            | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Relocate (existing bldg)       | <input type="checkbox"/>                | <input type="checkbox"/>                 | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Run a Business on Property     | <input type="checkbox"/>                | <input type="checkbox"/> Use             | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    | <input type="checkbox"/>                 |
|  | <input type="checkbox"/>                                | <input type="checkbox"/>                | <input type="checkbox"/> Year Round      | <input type="checkbox"/>              | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/>                 |
|  |   |   |  |                                       | <input type="checkbox"/> None   |  |

|  |             |            |             |
|--|-------------|------------|-------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length:     | Width:     | Height:     |
| Proposed Construction: (overall dimensions)                                    | Length: 12' | Width: 12' | Height: 10' |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions | Square Footage |
|---|-------------------------------------|--|------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )      |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )      |                |
|   |                                     | with Loft  | ( X )      |                |
|   |                                     | with a Porch   | ( X )      |                |
|   |                                     | with (2nd) Porch   | ( X )      |                |
|   |                                     | with a Deck  | ( X )      |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2nd) Deck  | ( X )      |                |
|   |                                     | with Attached Garage   | ( X )      |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )      |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )      |                |
|   | <input checked="" type="checkbox"/> | Addition/Alteration (explain) SCREEN PORCH   | 12 X 12    | 144            |
|   | <input type="checkbox"/>            | Accessory Building (explain) _____   | ( X )      |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain) _____   | ( X )      |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )      |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )      |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )      |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Ken & Sandra A. Bott  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 4-27-2021

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit: 1730 LAKE ROAD BARNES 54813

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

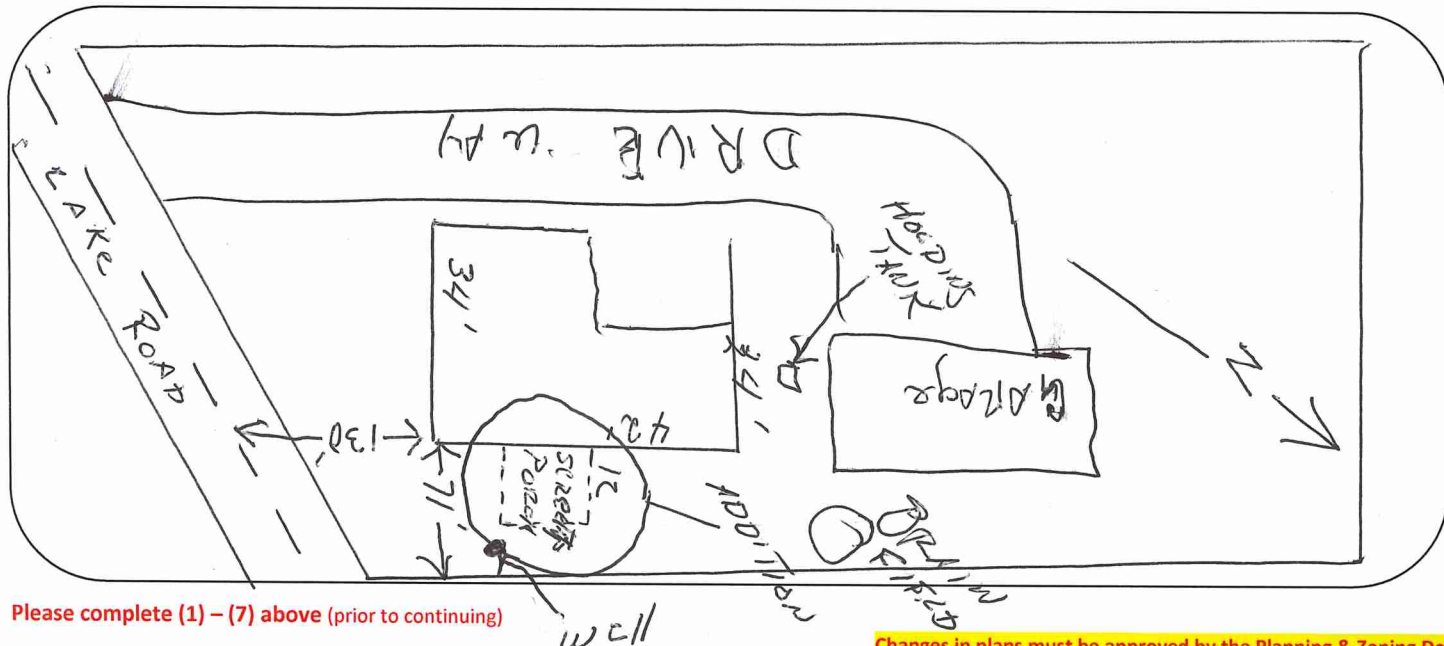
Original Application MUST be submitted



below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

| Description                                 | Setback Measurements | Description                                      | Setback Measurements  |
|---|----------------------|--|---|
| Setback from the Centerline of Platted Road | 140 Feet             | Setback from the Lake (ordinary high-water mark) | Feet  |
| Setback from the Established Right-of-Way   | Feet                 | Setback from the River, Stream, Creek            | Feet  |
|   |                      | Setback from the Bank or Bluff                   | Feet  |
| Setback from the North Lot Line             | 70 Feet              |  |   |
| Setback from the South Lot Line             | 120 Feet             | Setback from Wetland                             | Feet  |
| Setback from the West Lot Line              | 350 Feet             | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 59 Feet              | Elevation of Floodplain                          | Feet  |
|   |                      |  |   |
| Setback to Septic Tank or Holding Tank      | 80 Feet              | Setback to Well                                  | 16 Feet   |
| Setback to Drain Field                      | 75 Feet              |  |   |
| Setback to Privy (Portable, Composting)     | Feet                 |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: **ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.**

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|   |  |  |  |                                  |
|---|--|--|--|----------------------------------|
| <b>Issuance Information (County Use Only)</b>   |  | Sanitary Number:   | # of bedrooms:   | Sanitary Date:                   |
| Permit Denied (Date):   |  | Reason for Denial:   |  |                                  |
| Permit #: <b>21-0108</b>  |  | Permit Date: <b>5-14-21</b>                                      |  |                                  |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No          | Mitigation Required  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Affidavit Required               |
| Is Parcel in Common Ownership   | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No | Mitigation Attached  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Affidavit Attached               |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes <input type="checkbox"/> No                           |  |  |                                  |
| Granted by Variance (B.O.A.)  |  | Previously Granted by Variance (B.O.A.)                          |  |                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Case #:  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No Case #: |  |                                  |
| Was Parcel Legally Created  | <input type="checkbox"/> Yes <input type="checkbox"/> No                           | Were Property Lines Represented by Owner                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |
| Was Proposed Building Site Delineated   | <input type="checkbox"/> Yes <input type="checkbox"/> No                           | Was Property Surveyed  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |
| Inspection Record: <b>STARTED</b>   |  | Zoning District ( )  |  |                                  |
| Date of Inspection: <b>5/11/21</b>  |  | Lakes Classification ( )   |  |                                  |
| Inspected by: <b>MP</b>   |  | Date of Re-Inspection:   |  |                                  |
| Condition(s): <b>Town, Committee or Board Conditions Attached?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) |  |  |  |                                  |
| <b>Build as proposed</b>  |  |  |  |                                  |
| <b>Get required UDC inspections</b>   |  |  |  |                                  |
| Signature of Inspector: <b>Malen</b>  |  |  |  | Date of Approval: <b>5/12/21</b> |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>   | Hold For Affidavit: <input type="checkbox"/>                     | Hold For Fees: <input type="checkbox"/>                  | <input type="checkbox"/>         |



City, Village, State or Federal  
Units May Also Be Required

LAND USE - **X**  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0108** Issued To: **Kenneth & Sandra Bott**

3 Par in  
Location: **SW**  $\frac{1}{4}$  of **SE**  $\frac{1}{4}$  Section **7** Township **44** N. Range **9** W. Town of **Barnes**

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Residential Addition / Alteration: [ 1- Story; Screen Porch (12' x 12') = 144 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Build as proposed. Get required UDC inspections.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**May 14, 2021**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

MAR 18 2021

Bayfield Co.  
Planning and Zoning Agency



|              |               |
|--------------|---------------|
| Permit #:    | 21-0109       |
| Date:        | 5-14-21       |
| Amount Paid: | \$175 3-18-21 |
| Refund:      |               |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |  |  |   |  |                                |  |   |  |   |  |  |  |                                |  |
|--|--|--|--|---|--|--------------------------------|--|---|--|---|--|--|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED →   |  | <input type="checkbox"/> LAND USE      |  | <input type="checkbox"/> SANITARY       |  | <input type="checkbox"/> PRIVY |  | <input type="checkbox"/> CONDITIONAL USE        |  | <input checked="" type="checkbox"/> SPECIAL USE |  | <input type="checkbox"/> B.O.A.  |  | <input type="checkbox"/> OTHER |  |
| Owner's Name:<br>Jeffrey S + Susan H Diedrich                        |  |  |  | Mailing Address:<br>11146 N. Risberg Rd |  |                                |  | City/State/Zip:<br>Hayward WI                   |  |   |  | Telephone:<br>715-699-2587   |  |                                |  |
| Address of Property:<br>5730 Kelly Lake Rd                           |  |  |  | City/State/Zip:<br>Barnes WI            |  |                                |  | 54873   |  |   |  | Cell Phone:  |  |                                |  |
| Contractor:  |  |  |  | Contractor Phone:                       |  |                                |  | Plumber:  |  |   |  | Plumber Phone:   |  |                                |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  |  |  | Agent Phone:                            |  |                                |  | Agent Mailing Address (include City/State/Zip): |  |   |  | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement) |  |   |  |                                |  | Tax ID#<br>2751                                 |  | Recorded Document: (Showing Ownership)          |  |  |  |                                |  |
| 1/4, 1/4   |  | Gov't Lot                              |  | Lot(s)<br>1                             |  | CSM                            |  | Vol & Page                                      |  | CSM Doc #                                       |  | Lot(s) #   |  | Block #                        |  |
| Subdivision:   |  | Section 23                             |  | Township 45                             |  | N, Range 09                    |  | W   |  | Town of:<br>Barnes WI                           |  | Lot Size   |  | Acreage<br>34                  |  |

|   |   |   |  |   |
|---|---|---|--|---|
| <input checked="" type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|   | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →  | Distance Structure is from Shoreline : 80 feet    |  |   |
| <input type="checkbox"/> Non-Shoreland          |   |   |  |   |

| Value at Time of Completion<br>* include donated time & material | Project  | Project # of Stories                    | Project Foundation                  | Total # of bedrooms on property       | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?      | Type of Water on property                |
|--|--|---|-------------------------------------|---------------------------------------|---|--|
| \$   | <input type="checkbox"/> New Construction                      | <input type="checkbox"/> 1-Story        | <input type="checkbox"/> Basement   | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration                   | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2            | <input type="checkbox"/> (New) Sanitary Specify Type:                                     | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                            | <input type="checkbox"/> 2-Story        | <input type="checkbox"/> Slab       | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type:<br>SEPTIC             | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Relocate (existing bldg)              | <input type="checkbox"/>                | <input type="checkbox"/>            | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |  |
|  | <input checked="" type="checkbox"/> Run a Business on Property | SHORT TERM RENTALS                      | Use Year Round                      | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    |  |
|  | <input type="checkbox"/>                                       |   | <input type="checkbox"/>            | <input type="checkbox"/>              | <input type="checkbox"/> Compost Toilet   |  |
|  |  |   |                                     | <input type="checkbox"/> None         |   |  |

|  |         |        |         |
|--|---------|--------|---------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: | Width: | Height: |
| Proposed Construction: (overall dimensions)                                    | Length: | Width: | Height: |

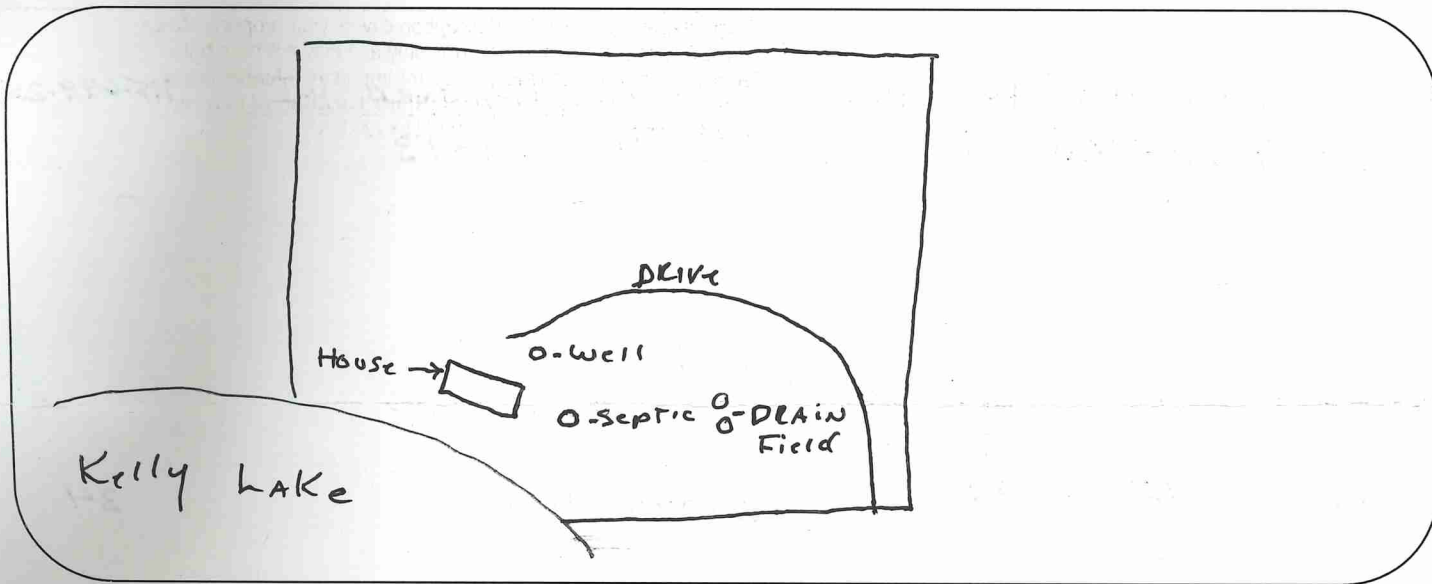
| Proposed Use                             | ✓                        | Proposed Structure   | Dimensions | Square Footage |
|--|--------------------------|--|------------|----------------|
| <input type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property)  | ( X )      |                |
|  | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.)  | ( X )      |                |
|  |                          | with Loft  | ( X )      |                |
|  |                          | with a Porch   | ( X )      |                |
|  |                          | with (2nd) Porch   | ( X )      |                |
|  |                          | with a Deck  | ( X )      |                |
| <input type="checkbox"/> Commercial Use  |                          | with (2nd) Deck  | ( X )      |                |
|  |                          | with Attached Garage   | ( X )      |                |
|  | <input type="checkbox"/> | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )      |                |
| <input type="checkbox"/> Municipal Use   | <input type="checkbox"/> | Mobile Home (manufactured date) _____  | ( X )      |                |
|  | <input type="checkbox"/> | Addition/Alteration (explain) _____  | ( X )      |                |
|  | <input type="checkbox"/> | Accessory Building (explain) _____   | ( X )      |                |
|  | <input type="checkbox"/> | Accessory Building Addition/Alteration (explain) _____   | ( X )      |                |



Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

| Description                                 | Setback Measurements |      | Description                                      | Setback Measurements  |
|---|----------------------|------|--|---|
| Setback from the Centerline of Platted Road | 700 +                | Feet | Setback from the Lake (ordinary high-water mark) | 80 Feet   |
| Setback from the Established Right-of-Way   | 700 +                | Feet | Setback from the River, Stream, Creek            | — Feet  |
|   |                      |      | Setback from the Bank or Bluff                   | — Feet  |
| Setback from the North Lot Line             | 4,000 +              | Feet |  |   |
| Setback from the South Lot Line             | 200                  | Feet | Setback from Wetland                             | — Feet  |
| Setback from the West Lot Line              | 80                   | Feet | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 4,000 +              | Feet | Elevation of Floodplain                          | — Feet  |
|   |                      |      |  |   |
| Setback to Septic Tank or Holding Tank      | 17                   | Feet | Setback to Well                                  | 20 Feet   |
| Setback to Drain Field                      | 75                   | Feet |  |   |
| Setback to Privy (Portable, Composting)     | —                    | Feet |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|  |  |   |   |   |
|--|--|---|---|---|
| <b>Issuance Information (County Use Only)</b>  |  | Sanitary Number: <u>367 592</u>                                     | # of bedrooms: <u>3</u>   | Sanitary Date: <u>6/28/01</u>                                       |
| Permit Denied (Date):  |  | Reason for Denial:  |   |   |
| Permit #: <u>21-0109</u>   |  | Permit Date: <u>5-14-21</u>   |   |   |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))                               | <input checked="" type="checkbox"/> No                              | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No                              |   |   |
| Granted by Variance (B.O.A.)   |  | Previously Granted by Variance (B.O.A.)                             |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |
| Case #:  |  | Case #:   |   |   |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  | Were Property Lines Represented by Owner                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  | Was Property Surveyed   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |
| Inspection Record:   |  | Zoning District ( <u>R-1</u> )<br>Lakes Classification ( <u>2</u> ) |   |   |
| Date of Inspection: <u>5/4/21</u>  | Inspected by: <u>[Signature]</u>   | Date of Re-Inspection:  |   |   |
| Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No — (If No they need to be attached.)<br><u>Limit occupancy to 3 Bedroom/sleeping areas, maintain Public Health &amp; Town Licensing &amp; tax reporting</u> |  |   |   |   |
| Signature of Inspector: <u>[Signature]</u>   |  |   |   | Date of Approval: <u>5/12/21</u>                                    |
| Hold For Sanitary: <input type="checkbox"/>  | Hold For TBA: <input type="checkbox"/>   | Hold For Affidavit: <input type="checkbox"/>                        | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>  |



City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **367592**  
SIGN –  
SPECIAL – **Class A**  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0109** Issued To: **Jeffrey & Susan Diedrich**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **23** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Other: [ 1 – Unit; 1 - Story; Short-term Rental ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Limit occupancy to 3 bedrooms / sleeping area. Maintain public health and town licensing and tax reporting.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**May 14, 2021**

Date